Blood-Stream Infection (CDC)

From: Candace Friedman [candacef@med.umich.edu]
Sent: Wednesday, November 25, 2009 12:23 PM
To: Blood-Stream Infection (CDC)
Subject: proposed Guidelines for the Prevention of Intravascular Catheter-Related Infections

Thank you for the opportunity to comment on the guidelines. In reviewing these guidelines, there are two proposed recommendations that require additional evaluation.

One proposed recommendation is:

Replace dressings used on short-term CVC sites every 2 days for gauze dressings and at least every 7 days for transparent dressings, except in those pediatric patients in which the risk for dislodging the catheter may outweigh the benefit of changing the dressing. Category IB

The reference for the recommendation is Laura R, Degl'Innocenti M, Mocali M, et al. Comparison of two different time interval protocols for central venous catheter dressing in bone marrow transplant patients:
results of a randomized, multicenter study. The Italian Nurse Bone Marrow Transplant Group (GITMO). Haematologica 2000;85:275-9.
The summary statement in this article is: The analysis of the data supported the conclusion that patients who had CVC dressings changed at longer intervals (5 vs 2 days in the non-tunneled group; 10 vs 5 days in the tunneled one) were more comfortable in that they experienced cutaneous toxicity less frequently, and to a lesser degree, without being exposed to a higher risk of local infectious complications.

Changing gauze dressings every 2 days is not supported by this article.
I propose that the statement in the 2002 version should be left intact.
(Change dressings at least weekly for adult and adolescent patients depending on the circumstances of the individual patient.)

The second proposed recommendation is:

Minimize contamination risk by wiping the access port with an appropriate antiseptic (chlorhexidine preferred) and accessing the port only with sterile devices. Category IA

The references for this recommendation are descriptions of outbreaks due to needleless valve systems. The recommendation for the use of chlorhexidine to disinfect the access port on valves seems appropriate, especially based on the article from Menyhay [Menyhay SZ, Maki DG.
Disinfection of needleless catheter connectors and access ports with alcohol may not prevent microbial entry: the promise of a novel antiseptic-barrier cap. Infect Control Hosp Epidemiol 2006; 27:23-8].

However, none of the studies evaluated the use of alcohol disinfection for split-septum devices. These devices have a rubber end piece that appears similar to the usual rubber septum that is designed to be punctured by a needle. Alcohol is typically used safely to disinfect these types of entry points. The proposed recommendation should focus the use of chlorhexidine for valves only.

Thank you again for the opportunity to comment.

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